

Name  
in  
Full

Mannie Bailey

CERTIFICATE OF DEATH

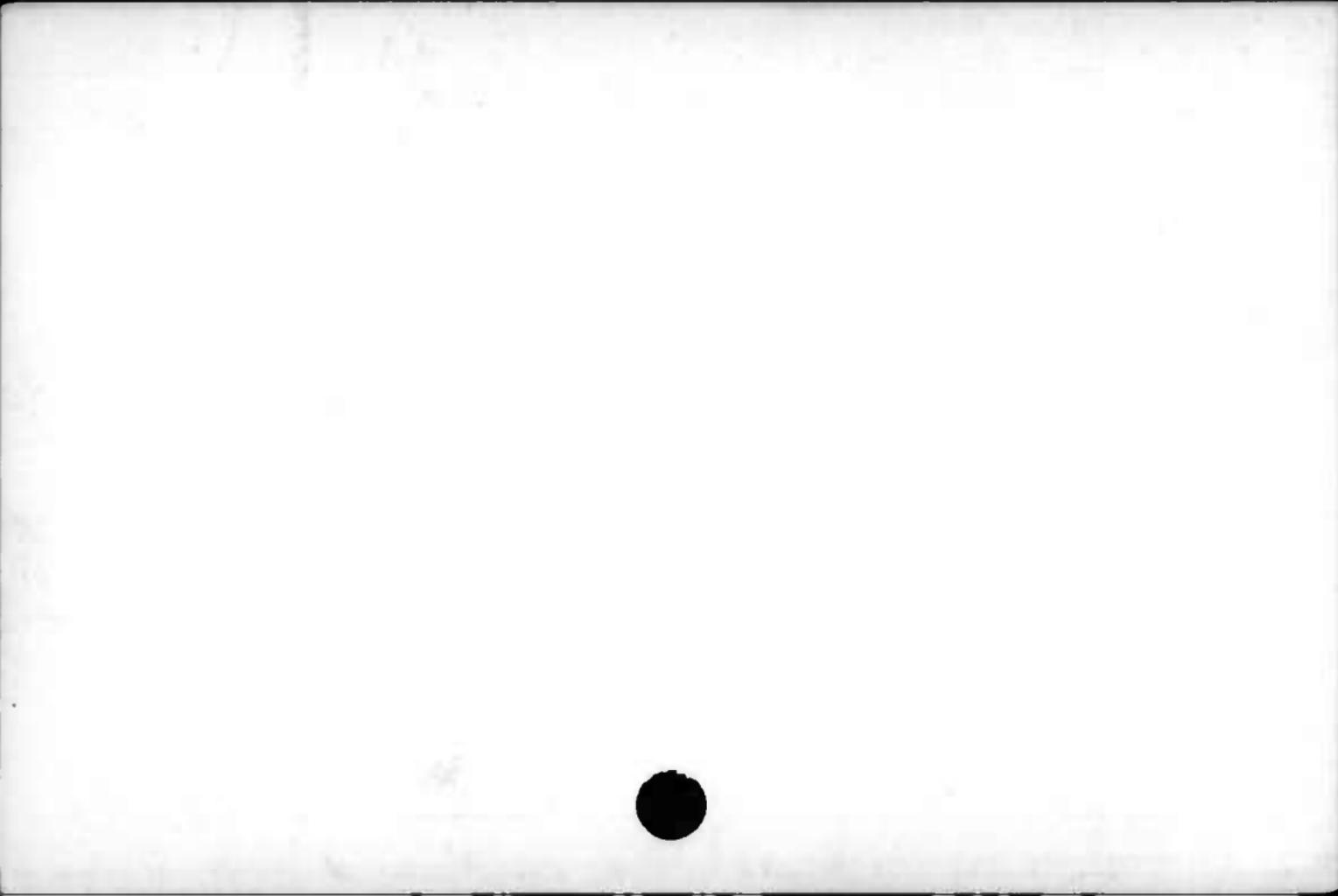
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	12	15	25		
Sex	Female	Color or Race	Black	Birth-place	Maryland.
Occupation	House-wife	Where Residing if not at place of death	Charles Bailey	Father's Birthplace	Maryland
Married, Single	Wife or Husband	Alex Mayman	Mother's Birthplace	Maryland	
Father's Name	Dollar Chester V		How related to deceased	Not related	
Mother's Maiden Name	J. H. Cook				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cataloconsumption	
Immediate	3 Months	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	J. P. Kauschif M.D. Deuelor M.D.	



Name  
in  
Full

Sister Mary Catharini Betz.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Died at near Ridgely		County	Caroline			
Date of death	1903	Month 12	Day 23	Age 22	Years	Months 6	Days 13
Sex	Female	Color or Race	White	Birth- place	Germany		
Occupation	Religious			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	Peter Betz			Father's Birthplace	Germany		
Mother's Maiden Name	Gertrude Schieeling			Mother's Birthplace	Germany		
Name of person giving Information	Dr. S. P. Stone			How related to deceased	—		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long

Immediate *Exhaustion* How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

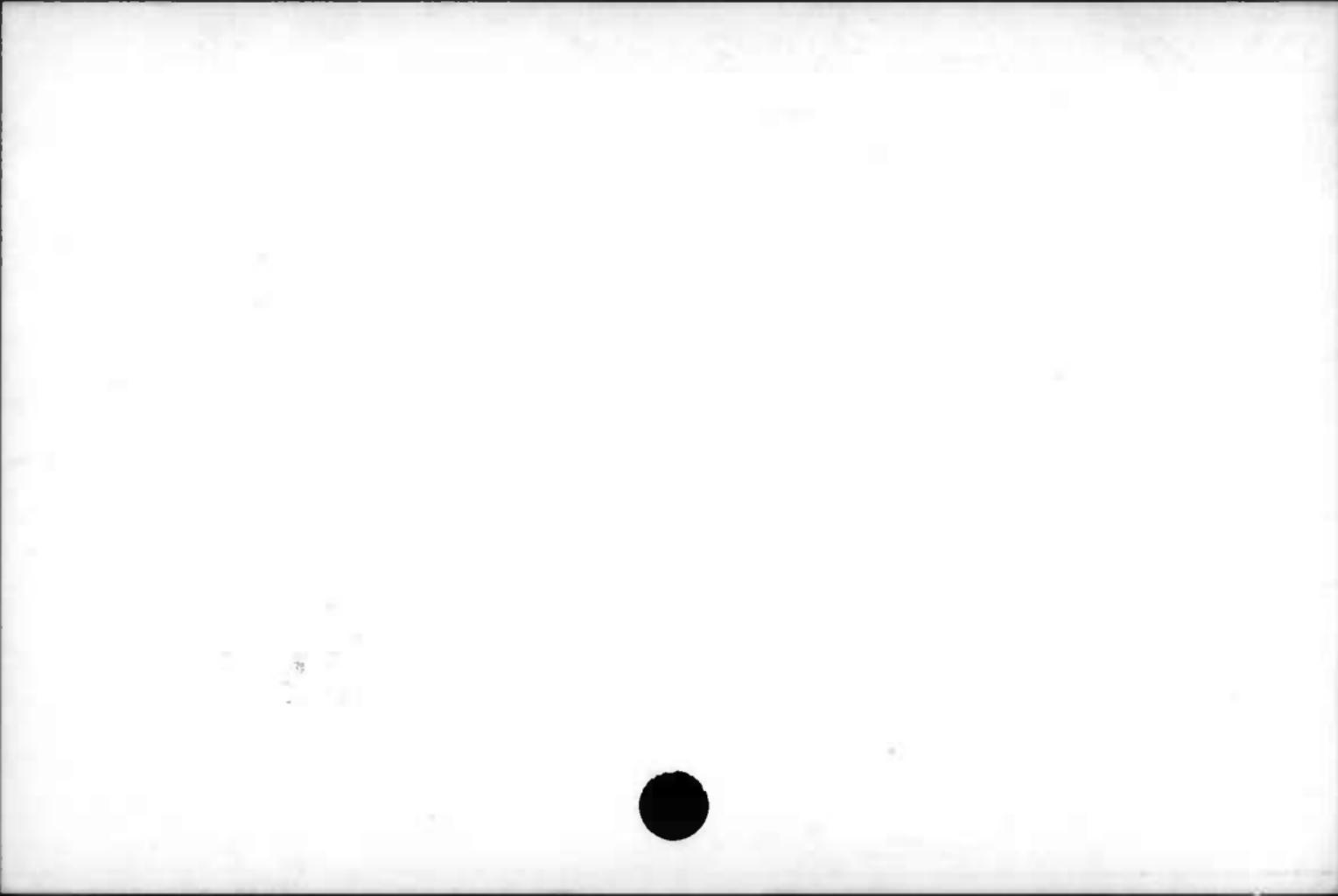
Signature of  
Physician

Address

*S. P. Stone*  
Ridgely

Maryland

Accident or Suicide?



William H. Bickling

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>200 Henderson</u>		Town <u>Caroline</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>12</u>	Years <u>64</u>	Age <u>64</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth- place <u>Maryland</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Whiting</u>						
Father's Name <u>William Bickling</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Henderson</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving Information <u>Lia Dow</u>	How related to deceased <u>Son-in-Law</u>						

## CAUSES OF DEATH

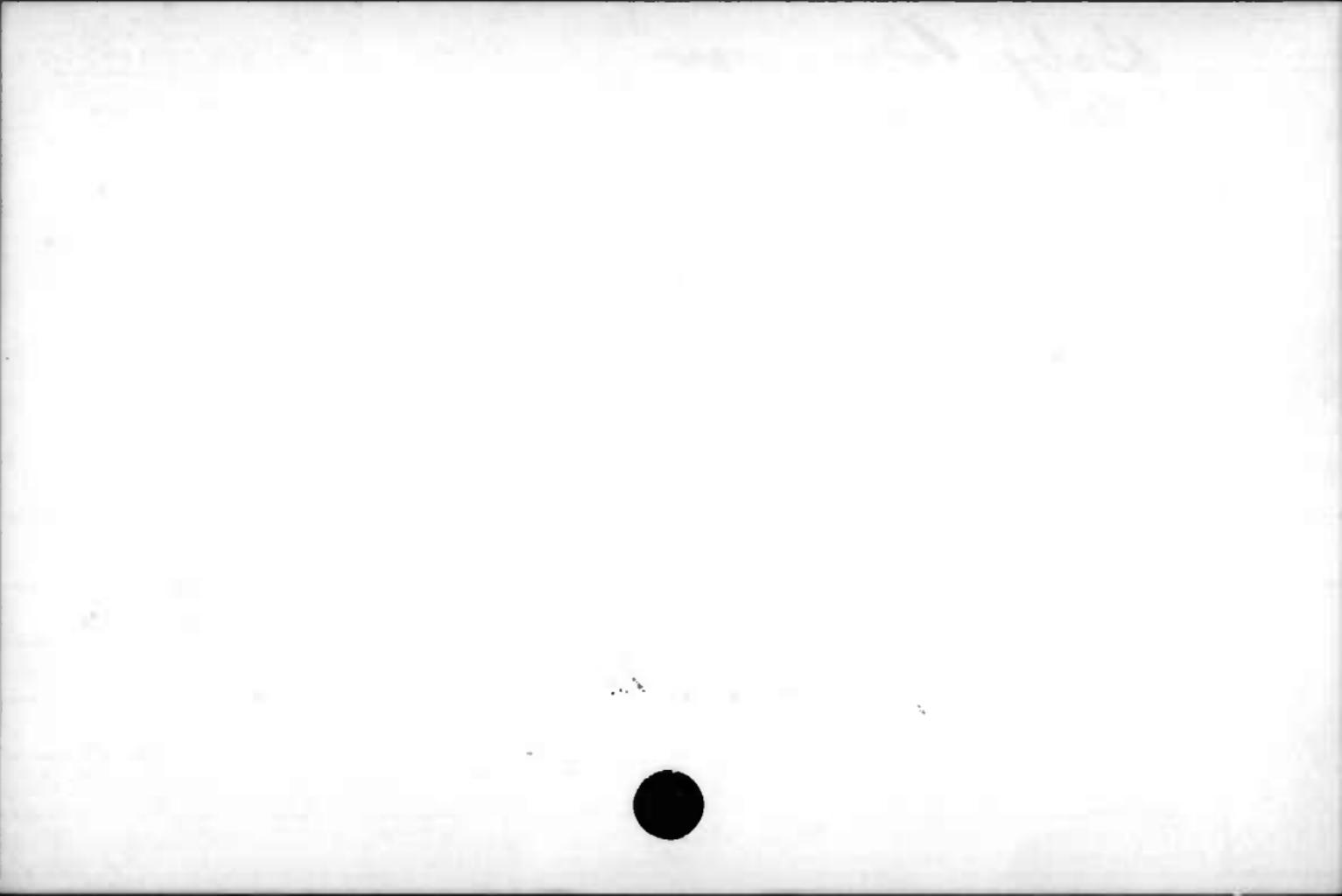
PHYSICIAN  
OR CORONER

Primary	<u>Bright's disease</u>	How long	<u>7</u>
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Immediate	<u>diarrhoea</u>	How long	<u>3 weeks</u>
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Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Jas. E. Gilley</u>
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Accident or Suicide?	<u>No</u>	Address	<u>Caroline</u>
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Name  
in  
Full

Baby Brown (Bastard)  
Hillsboro

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month 12	Day 18	Age —	Months —	Days 2	
Sex	Boy	Color or Race	Colored		Birth-place	—	
Married, Single or Widowed	—	Occupation		—			
Name of Wife or Husband	Willis Nicals 5						
Father's Name	Wilmia Brown						
Mother's Maiden Name	Gallie Brown						
Name of person giving information	Grandmother						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Asthenia

How long

2 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

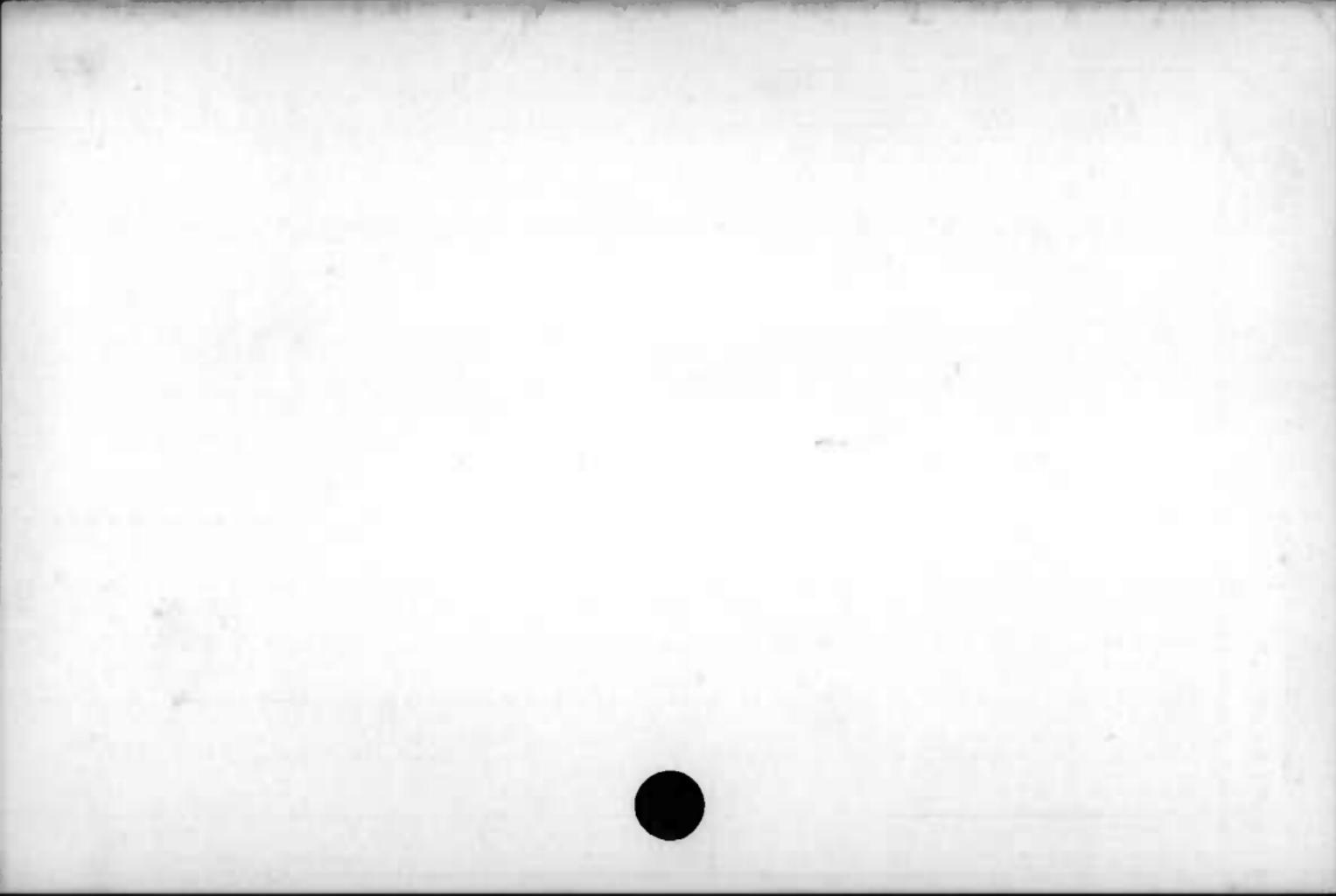
Signature of  
Physician

Address

D. J. Hack

Green Anne  
Md.

Accident or Suicide?



# Boland Cephas

Town Severn County Carver MARYLAND

Died at

Date 1903

Male

Month Dec. Day 24,Y. 9 M. Year D.

Native of

Maryland

Occupation

Age 90

Widow

Married

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

E. D. Cephas

Mother's Name

E. Cephas

How long sick

Cause of

Primary

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Dr. Eddie Hardcastle  
 [Redacted]  
Benton, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

MARYLAND

Joe W. Dickerson

Date 1913

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 30  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Phthisis

Death

Immediate

Reported by

Address

Mother's  
Maiden Name

Ann Maria Dickerson

How long sick

Six months

Accident, Suicide, Homicide

J. L. Robt M.D.  
Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Edward Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u>		Town <u>Caroline</u>		County <u>MARYLAND</u>	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>11</u>	Age <u>78</u>	Years	Months _____ Days _____
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Del</u>			
Occupation <u>Satover</u>	Where Residing if not at place of death <u>179</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Heart Failure</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Nichols M.D.</u>
Address 	
Death <u>Accident or Suicide?</u>	<u>Denton Md</u>



Name  
in  
Full

Sarah Anne Feukarty

CERTIFICATE OF DEATH

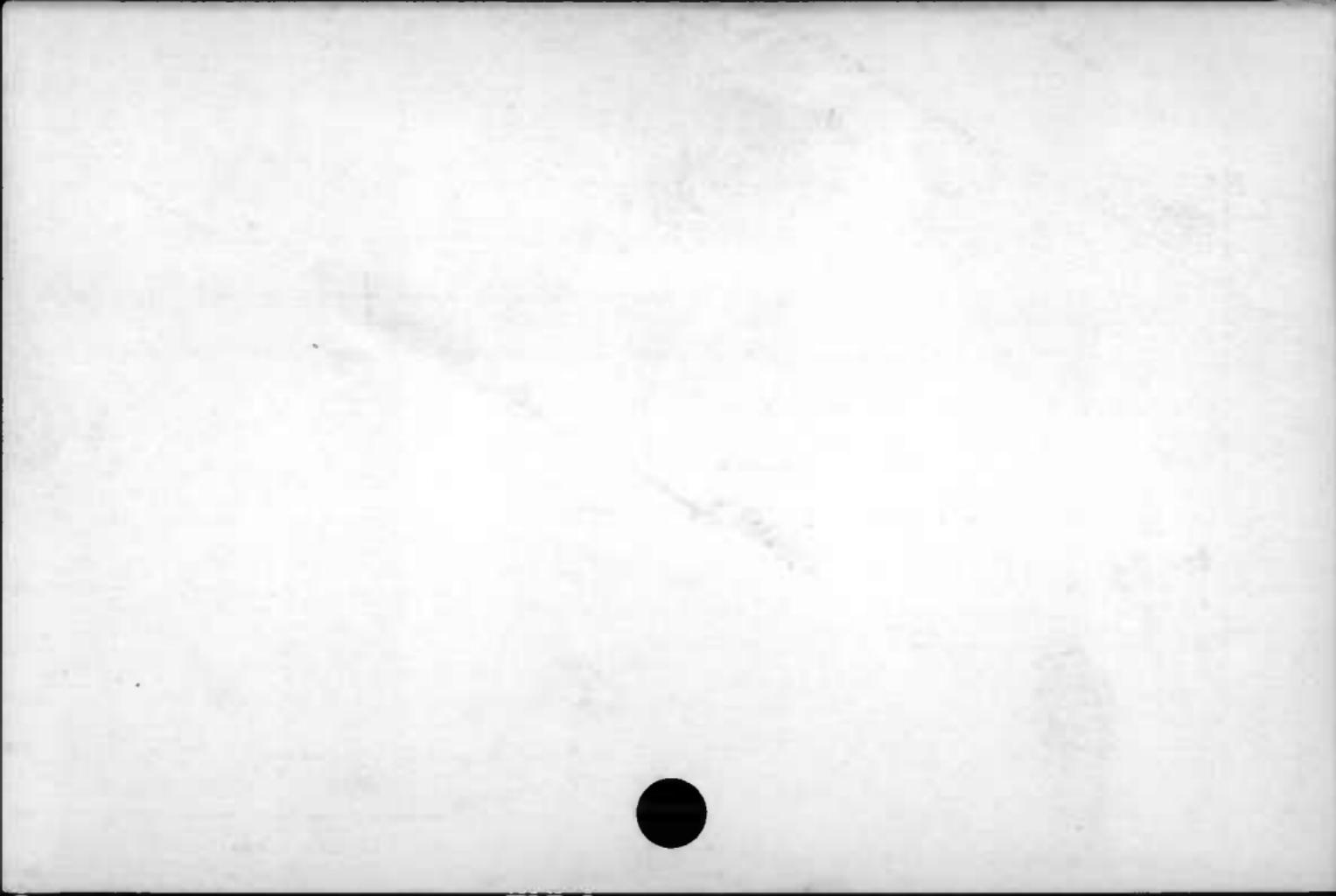
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Concord</b>		Town	County <b>Caroline</b>		MARYLAND	
Date of death <b>1903</b>	Month <b>Dec</b>	Day <b>30</b>	Age <b>68</b>	Years	Months <b>0</b>	Days <b>27</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Occupation <b>Houswife</b>				
Married, Single, or Widowed						
Name of Wife or Husband <b>John Feukarty</b>						
Father's Name	OB					
Mother's Maiden Name						
Name of person giving Information <b>Frank Feukarty</b>	Son					

CAUSES OF DEATH

PHYSICIAN  
OR OTHER

Primary <b>Pneumonia</b>	How long <b>7 days</b>
Immediate <b>Exhaustion</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>They are</b>	Signature of Physician
	Address
Accident <b>✓</b> Suicide <b>✓</b>	<b>Jas. H. Ward</b> <b>Andersontown</b>



Name in Full

Certificate of Death

Mary Aug Gool new chaffell

Died at

Town

County

Yanyard Caroline

MARYLAND

Date 19

03

Month

Day

Y

M.

D.

Native of

Occupation

Md.

Housewife

Male

Wm

Age 60

Married

Widow

Widower

Female

Colored

Single

Divorced

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

John W. Gool 70

Amy Bailey

Mother's

Maiden Name

Dont Know

How long sick

Valvular Disease of Heart 3 mo.

Accident, Suicide, Homicide

J. L. Noble M.D.

Preston

2d

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Denton</u>		Town	County <u>Courthouse</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>10</u>	Age <u>19</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birthplace <u>Denton</u>				
Occupation <u>Laborer</u>		Where Residing if not at place of death				
Married, Single or Widowed		Number of wife or Husband				
Father's Name		Father's Birthplace				
Mother's Maiden Name <u>Annie Tealminis</u>		Mother's Birthplace <u>Denton</u>				
Name of person giving information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

6 days.

Immediate

How long

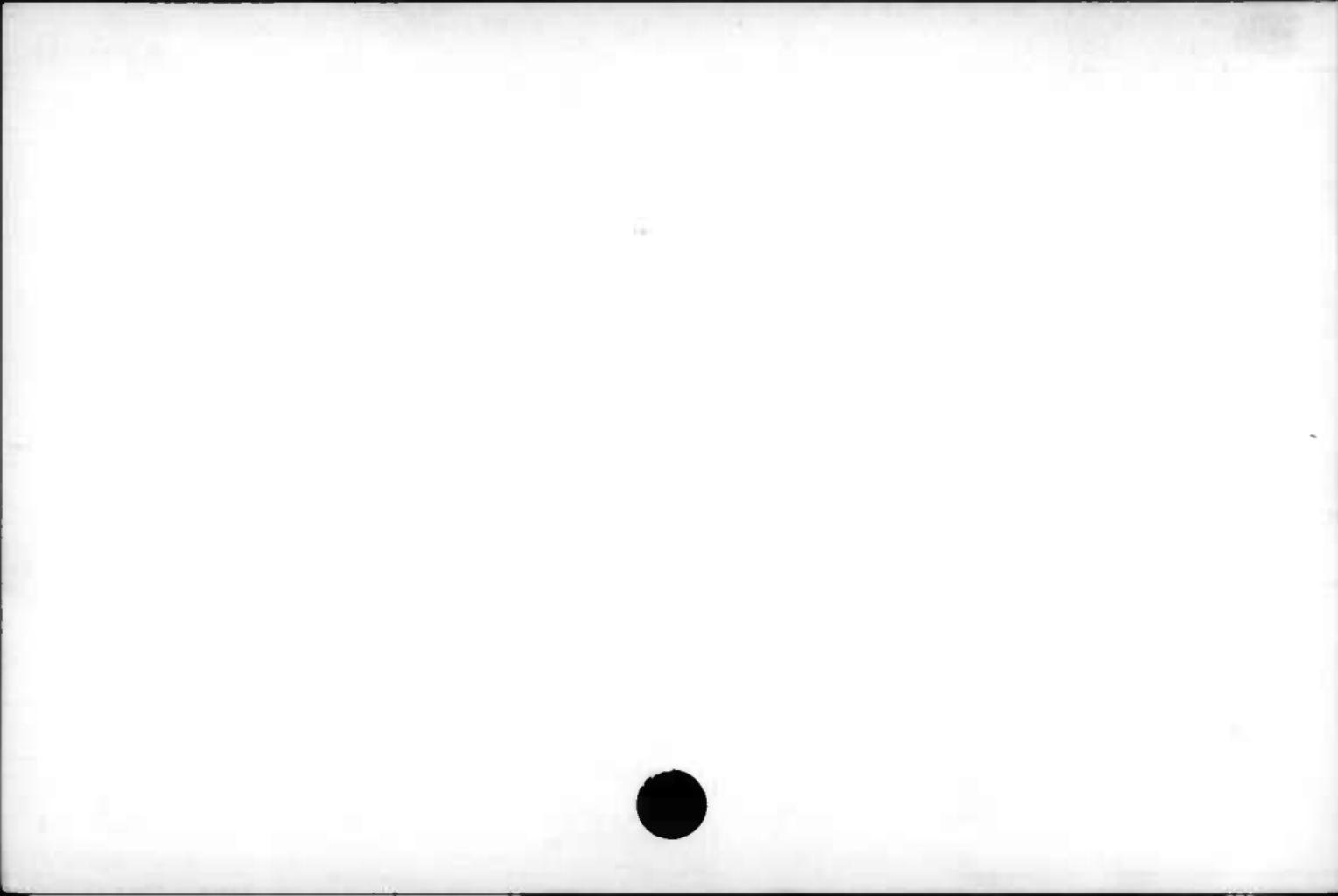
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. H. Nichols, M.D.

Address

Accident or Suicide?



Name  
in  
Full

Clifton Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
· NEAREST FRIEND

Died at <u>Deuton</u> Town		<u>Caroline</u> County		<u>MARYLAND</u>	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>24</u>	Years <u>20</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Deuton</u>			
Occupation <u>Warter</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>George Jones</u>				
Mother's Maiden Name	2				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis of Lung</u>	How long
Immediate	<u>Congestion</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

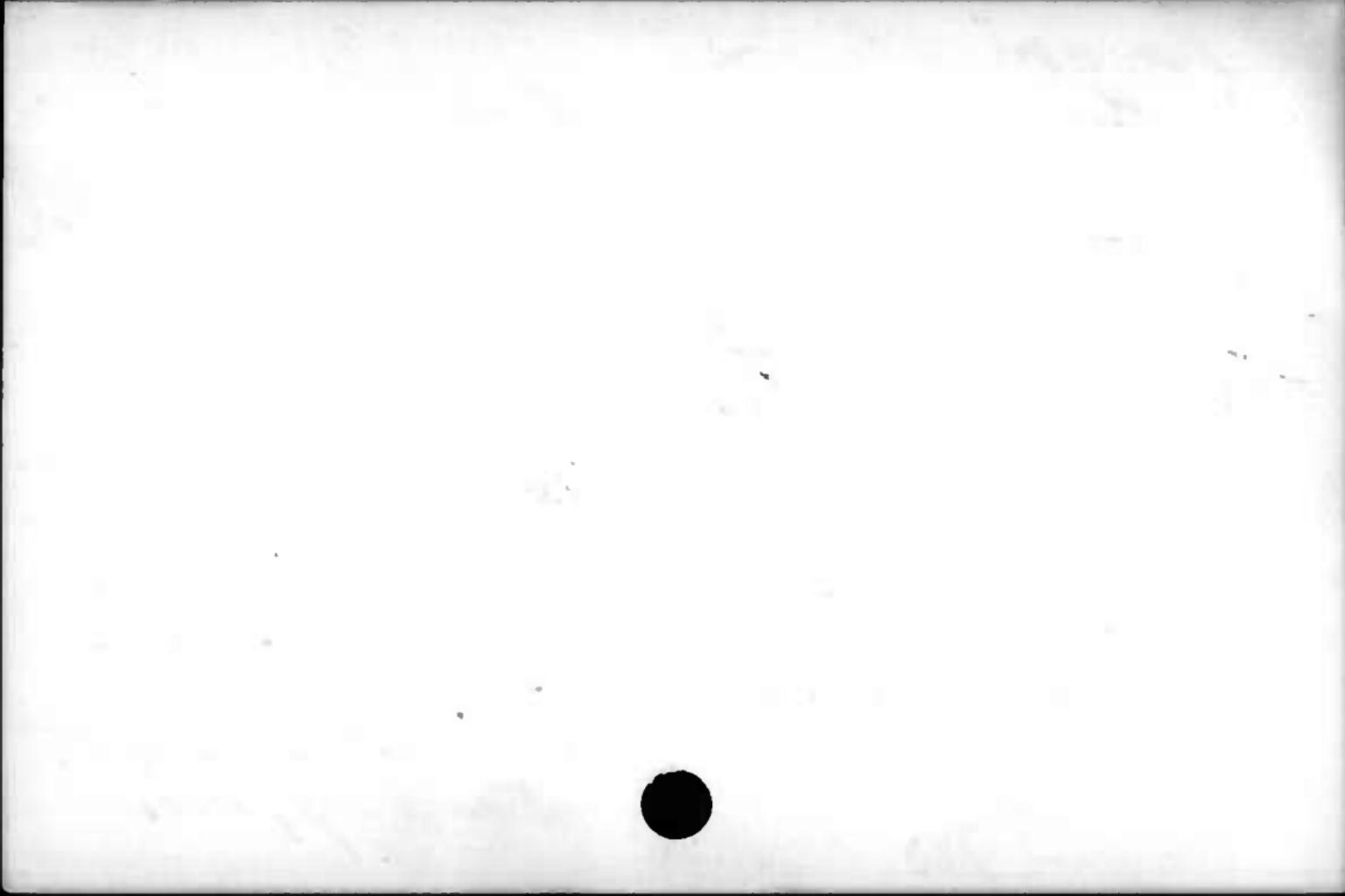
Address

J. N. Nichols MD

Deuton

MM

Accident or Suicide?



Name  
in  
Full

Raymon Kilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ridgely</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death 1903	Month 12	Day 29	Age	—	Months 5	Days 26
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation <u>Infant</u>		Birth- place <u>Ridgely, Md.</u>		
<u>Widower</u>						
<u>Father Albert Kilson</u>						
Father's Name <u>Albert Kilson</u>		Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Marie Allen</u>		Mother's Birthplace "				
Name of person giving Information <u>Father child</u>		How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

Ten days

Immediate

want there

How long

Are the name, age, sex, color, date  
and place correctly given above?

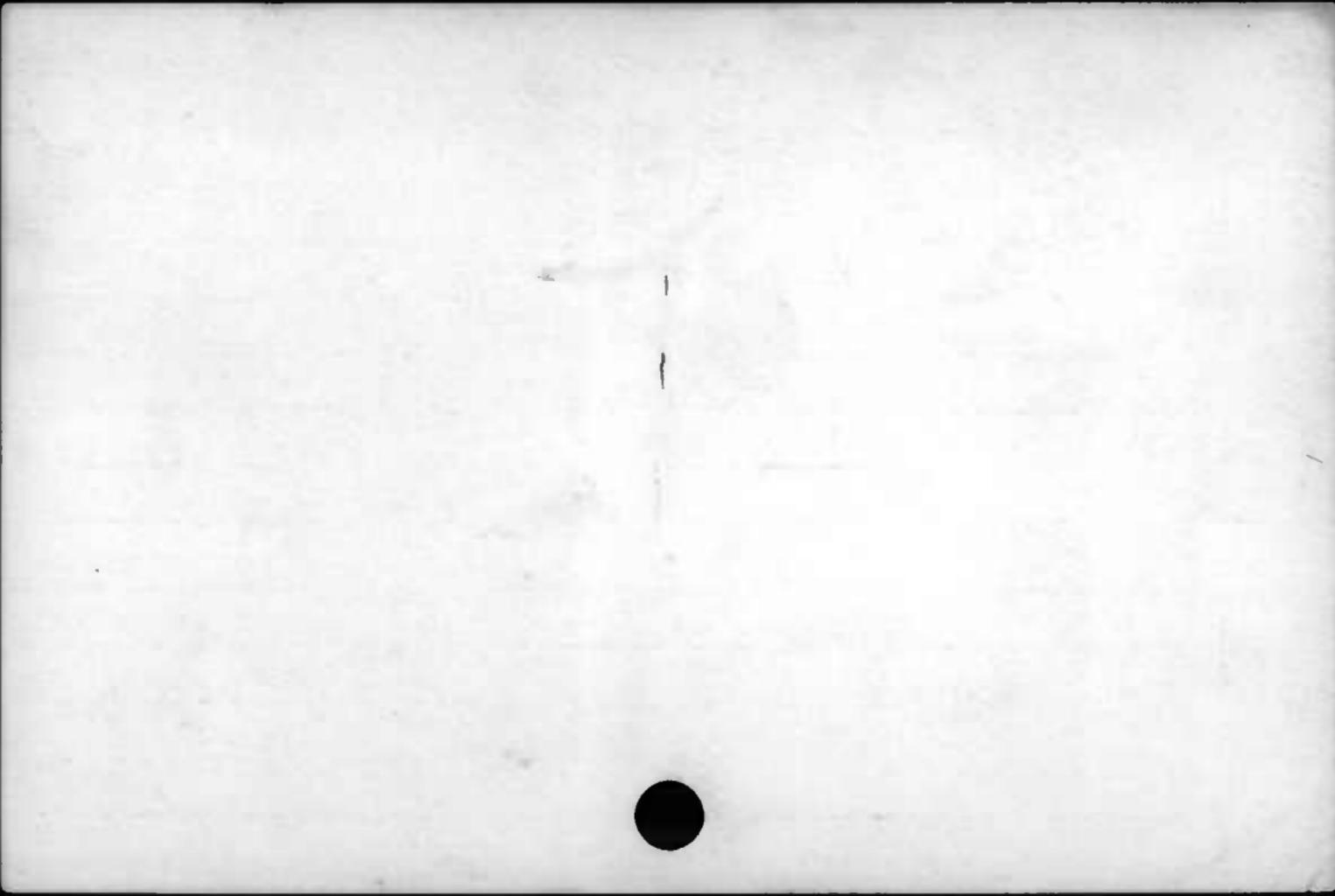
Signature of  
Physician

Address

H. N. Richardson,  
Ridgely, Md.

Accident or Suicide?

No



Ruth Mitchell

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND			
Died at	Anura outtown	Caroline						
Date of death	1903	Month Dec	Day 28	Years 1	Months 11	Days 0		
Sex	Female	Color or Race	White	Birth-place Near Anura outtown				
Occupation	Wife	Where Residing if not at place of death			Anderson town			
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Frank Mitchell	Father's Birthplace			Phila Pa			
Mother's Maiden Name	Martha Mitchell	Mother's Birthplace			Maryland			
Name of person giving Information	S G Nuttle	How related to deceased						

## CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

Pneu

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

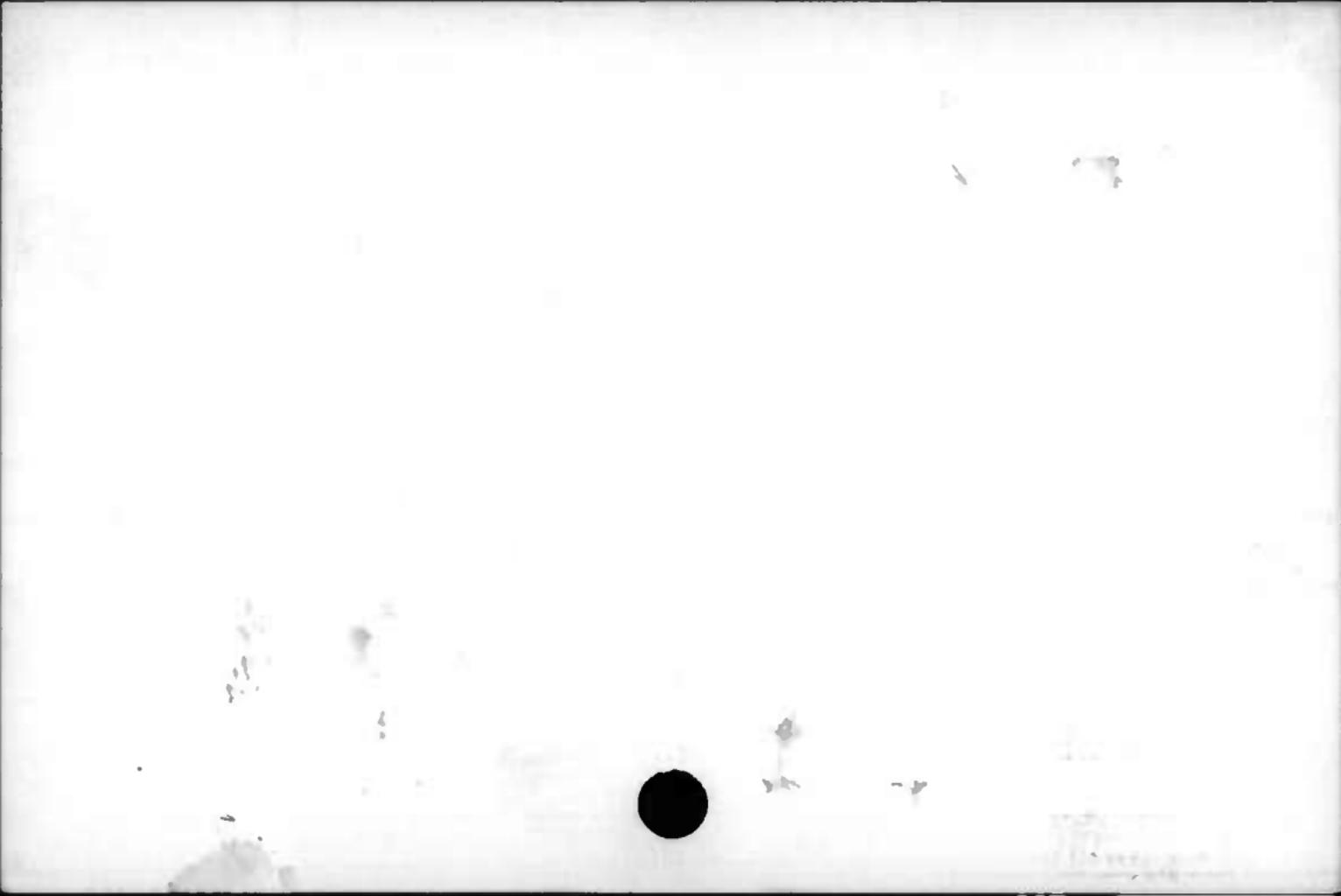
P. R. Fisher

Deutor

Md

Accident or Suicide?

No



Name  
in  
Full

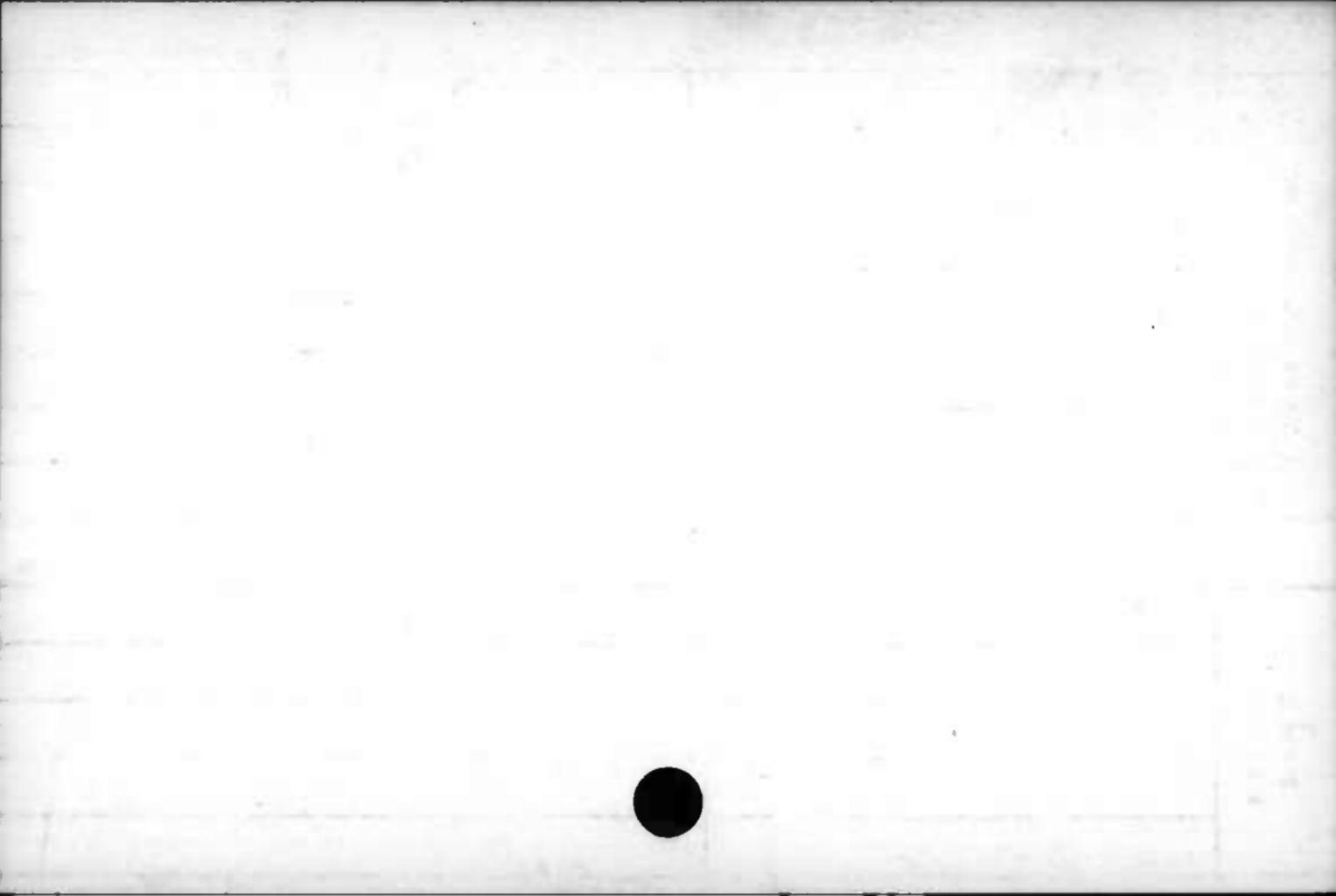
Ethel Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
3	Dec	21	2	11	27	
Sex	Female	Color or Race	White	Birth-place	Caroline Co	
Married, Single or Widowed	Single		Occupation			
Name of Wife or Husband						
Father's Name	Edington Morgan		Q.	Father's Birthplace	Caroline Co	
Mother's Maiden Name	Vivian Harris			Mother's Birthplace	44	
Name of person giving Information	Profundus			How related to deceased		
CAUSES OF DEATH						
Primary	Bronch			How long	3 days	
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	H. F. Astley	
				Address		
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elvira E Morris

CERTIFICATE OF DEATH

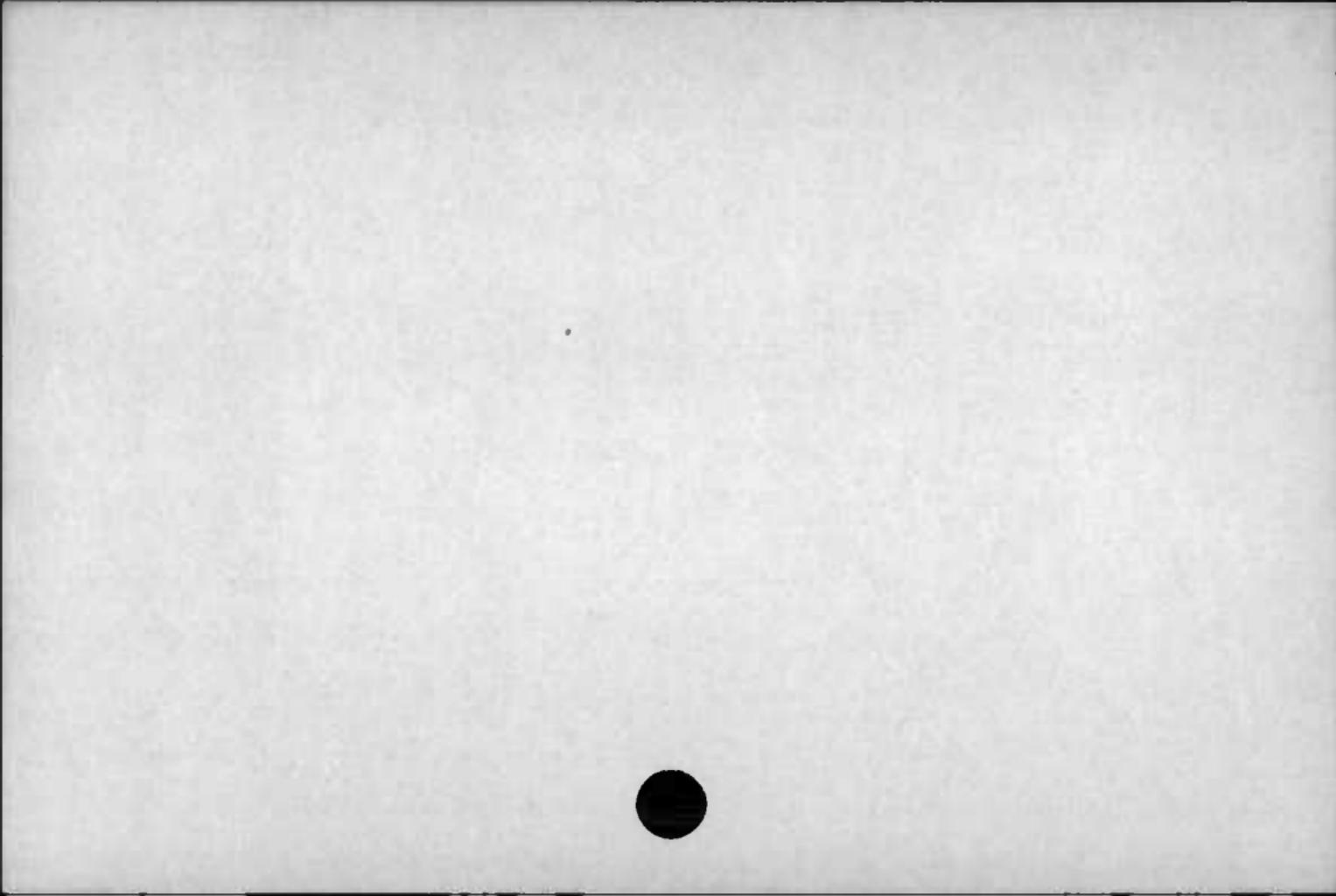
To BE ANSWERED BY  
NEAREST FRIEND

Died at near Salasboro		Town near Salasboro		County Caroline		MARYLAND	
Date of death	1903	Month Dec.	Day 6 <sup>th</sup>	Years 14	Age	Months 2	Days 26
Sex	Female	Color or Race	Black	Birth- place	near Salasboro		
Occupation	School girl	Where Residing if not at place of death		Died at home			
Married, Single or Widowed	Singer	Name of Wife or Husband	—		Father's Birthplace	St. Louis,	
Father's Name	J. Holliday Morris		✓		Mother's Birthplace	St. Louis,	
Mother's Maiden Name	Dora Murray		✓		How related to deceased	Mother	
Name of person giving Information	Dora Morris		✓				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	About 3 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. B. Rowland	
		Address	Salasboro, Md.	
Accident or Suicide?				



Ruth Parkton

Town

County

MARYLAND

Died at

Preston

Date 1903

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Cause of Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Parkton

Mother's  
Maiden Name

Lower  
1 week

How long sick  
1 week

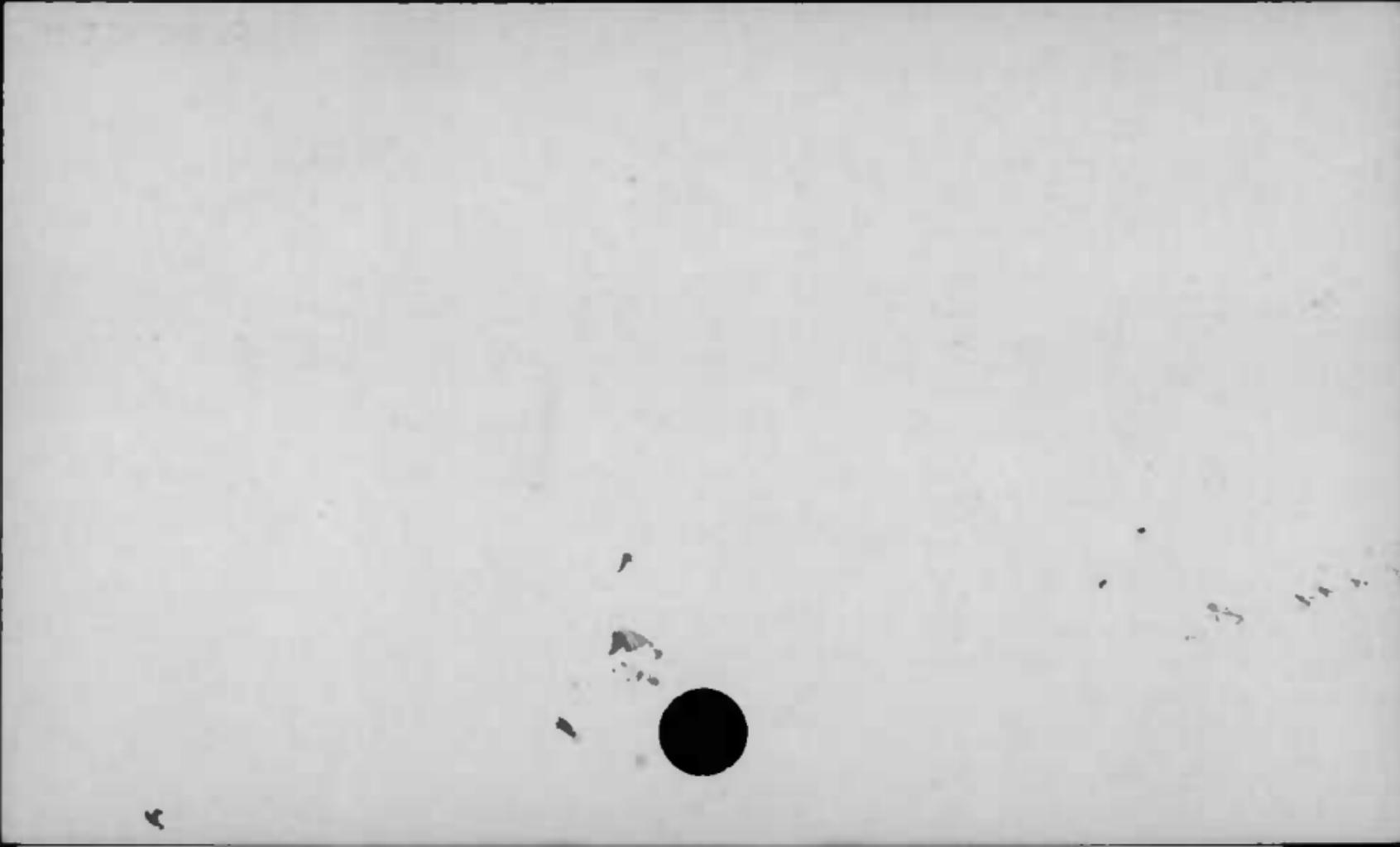
Primary  
Tonsilitis  
Asphyxia from Complications with Diphtheria

Accident, Disease, Homicide

J. L. Nobe

Preston Md.

15



Name  
in  
Full

Sadie Pritchett,

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death	Birthplace	
Occupation				
Single or Widowed	Name of Wife or Husband			
Father's Name	Maryland			
Mother's Maiden Name	Maryland			
Name of person giving information	How related to deceased			

1903 12 24 23 Maryland

Female Mulatto Maryland

Where Residing if not at place of death

Single or Widowed

Name of Wife or Husband

Alex. Pritchett

Father's Birthplace

Maryland

Mother's Birthplace

Maryland

John W. Pritchett

Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	one year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. J. S. Stover
		Address	Ridgey Hill
Accident or Suicide?			



Name  
in  
Full

Franky. E. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry. W. Smith			Father's Birthplace	Towson
Mother's Maiden Name	Lillian G.			Mother's Birthplace	Towson
Name of person giving information	Harry. W. Smith			How related to deceased	Father

CAUSES OF DEATH

Primary	Bronchitis	How long	1 wk
Immediate	Strangulation of heart	How long	2 da
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. E. Gally
		Address	Towson
Accident or Suicide?			

Wang, E. S. & C.  
17 March 1961

OK

Name  
in  
Full

Martha May Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Groves

County

Cardines

MARYLAND

Date  
of death 1903

Month

Day

Years

Months

Days

Dec.

1st

9

24

24

Sex

Female

Color or  
Race

white

Birth-  
place

West,

Married, Single  
 Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Alga Thomas 50

Father's  
Birthplace

West,

Mother's  
Maiden Name

Edith Sprox 50

Mother's  
Birthplace

West,

Name of person giving  
Information

Alga Thomas

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Failure of respiration

to blood

How long

During life

Immediate

Lack of oxygen to blood

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. D. H. Adaway  
Faulding Cebek  
West

Accident or Suicide?

